

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)	09/70192		
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1						51			
2		6					52			
3		2					53			
4		22					54			
5		22					55			
6		21					56			
7		21					57			
8		21					58			
9	1						59			
10	1						60			
11	21						61			
12	21						62			
13	21						63			
14	21						64			
15	21						65			
16	21						66			
17	21						67			
18	21						68			
19	21						69			
20	21						70			
21	21						71			
22	21						72			
23	21						73			
24	21						74			
25							75			
26							76			
27							77			
28							78			
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33							83			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	25						TOTAL DEP.			
TOTAL CLAIMS	27						TOTAL CLAIMS			